### PART B - FEE(S) TRANSMITTAL

111 0 5 2005 G	his form, together wit			Mail Stop ISSU Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000	or Patents	450	
ASTRUCTIONS his for appropriate 1985 other cor- indicated miless corrected t maintenance fee notification	rm should be used for trans respondence including the F below or directed otherwise is.	smitting the ISSUE Patent, advance orde in Block 1, by (a) s	FEE and PUBLE rs and notification specifying a new	CATION FEE (if request of maintenance fees correspondence address	uired). Blocks 1 to will be mailed to s; and/or (b) indic	through 5 sl the current cating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
30405 75	590 04/19/2005 PHARMACEUTICA reet A 02139	LS, INC.	,	papers. Each addition have its own certifica  Co I hereby certify that to States Postal Service addressed to the Matransmitted to the US	al paper, such as te of mailing or tra ertificate of Maili his Fee(s) Transm with sufficient po il Stop ISSUE F PTO (703) 746-40	an assignment ansmission.  Ing or Transmittal is being stage for fire EE address 100, on the description.	ent or formal drawing, must
C:1501 1400.00 DA C:1504 300.00 DA C:8001 6.00 DA				June 30, 2005 (Signature)			
APPLICATION NO.	FILING DATE	FI	RST NAMED INVE	NTOR	ATTORNEY DO	CKET NO.	CONFIRMATION NO.
10/074,527	02/12/2002		Peter J. Oland		MPI01-018P		6686
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	<del> </del>	PUBLICATION FEE	TOTAL FEE(	S) DUE	DATE DUE
nonprovisional	NO	\$1400	1	\$300	\$1700	· · ·	07/19/2005
•			<del>-                                    </del>	CLASS-SUBCLASS	7		
EXAMINER  RAO, MANJUNATH N		ART UNIT		435-183000	נ		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN		low, no assignee da of this form is NOT a (B) I	ta will appear on a substitute for fili RESIDENCE: (CI	the patent. If an assigng an assignment.  TY and STATE OR CO	OUNTRY)	below, the d	ocument has been filed for
	harmaceuticals, assignee category or catego		•	Massachuset • □ Individual 🖎		er private gro	oun entity Government
4a. The following fee(s) are  Issue Fee	enclosed: mall entity discount permitte	4b. I (d)	Payment of Fee(s)  A check in the a  Payment by cre	: amount of the fee(s) is e dit card. Form PTO-203	nclosed. 8 is attached.		credit any overpayment, to opy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Issu	) 37 CFR 1.27.	b. Applicant is	no longer claiming SMA	ALL ENTITY state	us. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	vill not be accepted f ent and Trademark O	rom anyone other ffice.				ne assignee or other party in
Authorized Signature	Tung M hummt			Date	June 30,		
Typed or printed name _	Tracy M. Sious	sat		Registratio			
This collection of informatic an application. Confidential submitting the completed at this form and/or suggestions	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT for reducing this burden, shinia 22313-1450. DO NOT	11. The information 122 and 37 CFR 1 O. Time will vary do ould be sent to the C	is required to obta 14. This collection epending upon the Chief Information	nin or retain a benefit by is estimated to take 12 c individual case. Any of Officer, U.S. Patent an	the public which minutes to comp comments on the a d Trademark Office	is to file (and lete, includir amount of tir ce, U.S. Dep	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O.

Alexandria, Virginia 22313-1450.

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**PATENT** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Olandt, Pter J., et al.

Application No.:

10/074,527

Group No.:

1652

Filed:

February 12, 2002

Examiner:

Rao, Manjunath N.

For:

33945, A HUMAN GLYCOSYLTRANSFERASE FAMILY MEMBER AND USES THEREFOR

Confirmation No. 6686

### MAIL STOP ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)

- 1. Transmitted herewith for this application are:
  - a. This Transmittal Letter (2 pages in duplicate);
  - b. PTOL-85 Part B Fee(s) Transmittal (1 page in duplicate); and
  - c. Return receipt postcard
- **2. Fee** (37 C.F.R. Section 1.18(a)):

<u>Regular</u>

Application status is other than a small entity--fee:

\$1,400.00

Advance Order – patent copies (2)

\$6.00

<b>CERTIFICATION UNDER 37</b>	C.F.R. SECTION	)NS 1.8(a) ar	ıd 1.10°
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I hereby certify that, on the date shown below, this correspondence is being:

#### MAILING

deposited with the United States Postal Service in an envelope addressed to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10\*

with sufficient postage as first class mail.

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TRANSMISSION

□ transmitted by facsimile to the Patent and Trademark Office.

Signature

Sean Hunziker/Beverly Sotiropoulos (type or print name of person certifying)

Date: <u>June 30, 2005</u>

\*WARNING:Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Page 1 of 2)

# 3. Payment of fee:

Charge Account No. 501668 the sum of \$1,406.00. (A duplicate of this request is attached.) If any additional fee is required, charge Account No. 501668.

June 30, 2005

MILLENNIUM PHARMACEUTICALS, INC.

Bv

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